



May 1, 2016

Communication to all NIHB Oral and Maxillofacial Surgeons

Due to a Dental Policy change effective May 1, 2016, the Saskatchewan NIHB Regional Dental Benefit Grids for Oral and Maxillofacial Surgeons (effective April 1, 2016) have been revised.

Listed below are the changes which have been updated and highlighted in grey in the revised dental benefit grids.

SCHEDULE A		
0.2 RADIOGRAPHS		
Intraoral (1-10 films)		
Specialty	Procedure Code	Description
OS	02117	10 in any 12 months
OS	02118	10 in any 12 months
OS	02119	10 in any 12 months
OS	02120	10 in any 12 months

For further information or questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

Thank you.



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NIHB Regional Dental Benefit Grid

Oral and Maxillofacial Surgeons

Effective Date

April 1, 2016

(Revised May 1, 2016 v 2.0)

- The coverage of dental services provided through the NIHB Program will be reimbursed in accordance with the terms and conditions of the Program.
- Schedule B Procedures require Predetermination.
- Please refer to the NIHB Dental Benefits Guide for further information on policies, guidelines and criteria of dental services eligible under the NIHB Program.
- Please refer to the NIHB Dental Claims Submission Kit for further information on terms and conditions for submitting a claim under the NIHB Program.
- Specialists are compensated at specialist rates for selected procedures within their specialty. For all other procedures, Specialists are compensated at General Practitioners' rates.

Should you have any questions, please contact the Provider Claims Processing Call Centre at 1-888-511-4666.

SASKATCHEWAN
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab.	O. Surg
0.0 DIAGNOSTIC		
0.1 EXAMINATIONS		
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.		
Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.		
Complete Oral Examination and Diagnosis		
01601		\$115.20
Specific/ Emergency Examinations		
1 in any 12 months		
01204		\$34.61
01205		\$41.53
Specialist Examination and Diagnosis - Limited		
1 in any 12 months		
01402		\$24.68
01602		\$81.26
0.2 RADIOGRAPHS		
Intraoral, Complete Series		
1 in any 60 months		
Not to be covered in conjunction with a panoramic radiograph for the time period (60 months).		
02101		\$60.68
02102		\$121.14
02121		\$86.53
02122		\$93.45
02123		\$100.37
02124		\$107.30
02125		\$114.22
Intraoral (1-10 films)		
10 in any 12 months		
02111		\$19.04
02112		\$25.09
02113		\$32.91
02114		\$40.12
02115		\$49.36
02116		\$54.51
02117		\$59.71
02118		\$66.63
02119		\$72.69
02120		\$79.61
02131		\$25.27
02132		\$36.38
02141		\$19.04
02142		\$25.09
02143		\$32.91
02144		\$40.12
Panoramic		
02601		\$69.57

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NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab.	O. Surg
Cephalometric		
02701		\$66.65
02702		\$66.65
Tomography		
02801		\$59.22
02802		\$59.22
02931		\$50.10
02932		\$89.58
02933		\$89.58
02934		\$89.58
0.3 LABORATORY TESTS		
04311	L	\$110.81
04312	L	\$110.81
04313	L	\$110.81
04321	L	\$229.00
04322	L	\$229.00
04323	L	\$229.00
4.0 PERIODONTICS		
42831		\$112.14
7.0 ORAL AND MAXILLOFACIAL SURGERY		
71101		\$131.87
71109		\$105.50
71201		\$241.01
71209		\$181.92
71211		\$201.34
71219		\$166.31
72111		\$241.01
72119		\$197.89
72211		\$309.43
72219		\$284.65
72221		\$423.65
72229		\$379.22
72231		\$466.22
72239		\$412.37
72311		\$115.26
72319		\$92.21
72321		\$245.58
72329		\$305.32
72331		\$325.01
72339		\$260.01
74111		\$269.06
74112		\$298.31
74121		\$294.99
74122		\$415.66
74211		\$388.00
74212		\$417.24
74221		\$382.14
74222		\$464.45
74611		\$410.15
74612		\$491.14
74621		\$481.09

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NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab.	O. Surg
74631		\$282.01
74632		\$347.41
75111		\$200.82
75112		\$160.74
75113		\$254.44
75121		\$223.46
75122		\$284.65
75123		\$315.86
75211		\$307.08
75212		\$463.13
75221		\$424.95
75301		\$314.89
75303		\$998.27
76941		\$429.48
76949		\$150.56
76951		\$145.37
76952		\$290.74
76961		\$199.37
76962		\$251.76
79601		\$75.06
79602		\$103.42
79605		\$76.04
79606		\$93.59
79701		\$751.63
79702		\$522.86
9.0 ADJUNCTIVE GENERAL SERVICES		
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.		
92212		\$202.78
92213		\$266.13
92214		\$307.00
92215		\$307.00
92216		\$307.00
92217		\$307.00
92218		\$307.00
92222		\$102.74
92223		\$154.15
92224		\$205.53
92225		\$205.53
92226		\$205.53
92227		\$205.53
92228		\$205.53
92301		\$95.36
92302		\$198.87
92303		\$246.64
92304		\$316.45
92305		\$316.45
92306		\$316.45
92307		\$316.45
92308		\$316.45
92321		\$45.26

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NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE A

Code	Lab.	O. Surg
92322		\$90.51
92323		\$134.74
92324		\$179.98
92325		\$179.98
92326		\$179.98
92327		\$179.98
92328		\$179.98
92411		\$66.48
92412		\$96.03
92413		\$120.97
92414		\$144.97
92415		\$144.97
92416		\$144.97
92417		\$144.97
92418		\$144.97
92431		\$83.95
92432		\$138.24
92433		\$194.17
92434		\$250.24
92435		\$250.24
92436		\$250.24
92437		\$250.24
92438		\$250.24
92441		\$98.80
92442		\$155.97
92443		\$211.77
92444		\$282.36
92445		\$282.36
92446		\$282.36
92447		\$282.36
92448		\$282.36
92451		\$99.24
92452		\$196.53
92453		\$258.55
92454		\$323.97
92455		\$323.97
92456		\$323.97
92457		\$323.97
92458		\$323.97

SASKATCHEWAN
NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
0.0 DIAGNOSTIC		
0.1 EXAMINATIONS		
Maximum eligibility of examinations: ages 17+: up to 3 in any 12 months; under 17: up to 4 in any 12 months. Frequency limitations take into account overall interaction between various examination services rendered by same provider, different providers within the same office or different office, and their eligibility period.		
Specialty complete and Specialty limited examinations (performed by specialists only) will not count against the eligible maximum examinations allowable.		
Specialist Examinations and Diagnosis - Complete		
1 in any 60 months		
When a specialty complete examination is adjudicated, it eliminates specialty limited examination within the same specialty in that twelve (12) month period.		
01401		\$64.80
0.2 LABORATORY TESTS		
When submitting requests of laboratory tests/analysis, a copy of the laboratory report is required.		
04101	L	\$37.05
04401	L	\$56.54
0.3 DIAGNOSTIC CASTS, UNMOUNTED		
04911		\$37.38
04913		\$77.73
4.0 PERIODONTICS		
Management of Oral Disease		
Eligible once (1) in any twelve (12) month period.		
41211		\$93.59
41221		\$93.59
41231		\$93.59
Periodontal Splint or Ligation, Provisional, Extra Coronal		
43211		\$72.69
43221		\$108.04
43231		\$58.17
43241		\$72.69
43281		\$72.69
7.0 ORAL AND MAXILLOFACIAL SURGERY		
72511		\$246.82
72519		\$114.06
72521		\$316.70
72529		\$244.14
72531		\$498.64
72539		\$282.70
72541		\$352.90
72551		\$582.00
73121		\$217.02
73411		\$567.71
75302		\$401.65
75401		\$418.22
75402		\$686.38
75403		\$370.46
75411		\$667.78
75412		\$800.36
76201		\$816.94

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NIHB Regional Dental Benefit Grid
 Oral and Maxillofacial Surgeons
SCHEDULE B

All Procedures in Schedule B have a Predetermination Requirement		
Code	Lab	O. Surg
76301		\$745.59
79603		\$146.42
79604		\$148.31
9.0 ADJUNCTIVE GENERAL SERVICES		
NIHB Sedation and General Anaesthesia Policy must be met. Please refer to the Provider Website: http://www.provider.express-scripts.ca/ for information on the NIHB dental policies.		
92421		\$80.92
94302		\$50.38